

STANDARD CERTIFICATE OF DEATH

State File No. **15010**

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **4561** Registrar's No. **23**

I. PLACE OF DEATH

a. COUNTY **MARION**
b. CITY (If outside corporate limits, write RURAL and give township) **MONROE CITY**
c. LENGTH OF STAY (In this place) **36 YRS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **733 STANTON AVE**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **MARION**
c. CITY (If outside corporate limits, write RURAL and give township) **MONROE CITY**
d. STREET ADDRESS (If rural, give location) **733 STANTON AVE**

3. NAME OF DECEASED
a. (First) **ALMA** b. (Middle) **P.** c. (Last) **FAHY**
4. DATE OF DEATH **APRIL 28 1953**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **OCTOBER 8 1873** 9. AGE (In years last birthday) **79** 10. MONTHS **6** 11. DAYS **20** 12. IF UNDER 18 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **OWN Home** 11. BIRTHPLACE (State or foreign country) **Monroe County Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JAMES M. PROCTOR** 13b. MOTHER'S MAIDEN NAME **KIZAH M. SPIKE** 14. NAME OF HUSBAND OR WIFE **WILLIAM B. FAHY**
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **William B. Fahy** ADDRESS **Monroe City, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CEREBRAL HEMORRHAGE** INTERVAL BETWEEN ONSET AND DEATH **8 YEARS**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **ARTERIO-SCLEROSIS-HYPERTENSION** **10 YEARS**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **331x** 20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **SEPT 13, 1946**, to **APRIL 28, 1953**, that I last saw the deceased alive on **APRIL 26, 1953**, and that death occurred at **3:30 P. m.**, from the causes and on the date stated above.

23. SIGNATURE **John H. Robb M.D.** (Degree or title) 23b. ADDRESS **Monroe City, Mo.** 23c. DATE SIGNED **April 28, 1953**
24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **4-30-1953** 24c. NAME OF CEMETERY OR CREMATORY **St. Jude's Cemetery** 24d. LOCATION (City, town, or county) (State) **Monroe City Missouri**
DATE REC'D BY LOCAL REG. **5/2/53** REGISTRAR'S SIGNATURE **E. A. Lucke** 25. FUNERAL DIRECTOR'S SIGNATURE **WILSON & SONS** ADDRESS **Monroe City, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0640
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RECEIVED MAY 8 1958

MASSON CO. HEALTH DEPT.

DATE FILED MAY 8 1958

MAY 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Leslie L Wilson

Licensed Embalmer No. *3017*

P. O. Address *Warrens City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.